This form may be completed online and mailed to the address listed below.

Nebraska Department of Health & Human Services
Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509-4986
(402) 471-4376 Fax (402) 471-1066

INTEGRATED PRACTICE AGREEMENT

Between

APRN Name _____ Phone (H)_____(B)_____

Address _____ APRN License #_____

_____ Specialty_____

Hereinafter referred to as an Advanced Practice Registered Nurse (APRN) and legally defined as a registered nurse who meets the requirements established in Neb. Rev. Stat. 71-1722 and who holds a current license as an APRN issued by the department,

and, the collaborating physician named below:

MD/DO Name_____ Phone _____

Address _____ License #_____

_____ Specialty_____

Hereinafter referred to as a collaborating physician and legally defined as a physician or osteopathic physician licensed in Nebraska and practicing in the same geographic area and practice specialty, related specialty, or field of practice as the APRN.

Whereas the parties have developed this Integrated Practice Agreement provided for in Neb. Rev. Stat. 71-1716.03 and legally defined as a written agreement between an APRN and a collaborating physician in which the APRN and the collaborating physician provide for the delivery of health care through an integrated practice; and

Now therefore, it is agreed by and between the collaborating physician and the APRN hereto:

1. The APRN and collaborating physician shall practice collaboratively within the framework of their respective scopes of practice; and

2. The APRN and collaborating physician shall be responsible for his or her individual decisions in managing the health care of patients; and

3. The APRN and collaborating physician shall have joint responsibility for patient care based upon the scope of practice of each practitioner; and

4. The APRN and collaborating physician shall have jointly approved protocols which shall guide the APRN's practice **if**:

a) The APRN does not have a master's or doctorate degree in nursing;

or,

b) The APRN cannot demonstrate separate course work of 45 academic hours each in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology;

or,

c) The APRN does not have 2000 hours of practice under the supervision of a collaborating physician.

5. The collaborating physician shall be responsible for supervision through ready availability for consultation and direction of the activities of the APRN within the APRN's defined scope of practice to ensure the quality of health care provided to patients.

6. The collaborating physician and the APRN have a duty to notify the Department upon termination of the agreement.

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STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this integrated Practice Agreement as an Advanced Practitioner Registered Nurse (APRN) in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the agreement.

Signature of APRN _____

Date: _____

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STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Integrated Practice Agreement as a collaborating physician in the State of Nebraska; that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the agreement.

Signature of Collaborating Physician _____

Date: _____